

**TOWN OF LEBANON
BUILDING DEPARTMENT
579 EXETER RD.
LEBANON, CT 06249
Phone: 860-642-6028 Fax: 860-642-2022**

BUILDING PERMIT RECORD

Date: _____ Job address: _____ Owner: _____ Mailing address: _____ Phone: _____ Cell: _____	Building Permit #: _____ Contractor: _____ Mailing Address: _____ Phone: _____ Cell: _____ License #: _____
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DESCRIPTION:

New: **Addition:** **Accessory:** **Remodel:** **Alteration** **Other:** **Seasonal** **Year Round**

SEPARATE PERMITS ARE REQUIRED FOR ELECT., PLUMB., HEAT., SEPTIC, WELL, STOVE, MASONRY

Class:	Flooring:	Tile Bath:	Lot No.:
Type:	Int. Walls:	Walls:	Lot Size:
No. of Rms:	Electrical:	Shower:	Set Back:
No. of Stories		Floors:	Side Yard:
		Heating:	Back Yard:
Floor Area:	No. of Bedrooms:	Wa. Htg.:	Sub-Div.
	No. of Bathrooms:	Stm. Htg.	
Foundation:		H.W. Htg.:	Hot Water Supply:
	No. of Toilet Rooms:	Space Htg.:	Fireplace:
Construction:	Plumbing Fixtures:		City Water:
	Sink:	Fuel:	Well Water:
Ext. Walls:	Toilets:	Oil:	
	Basins:	Gas:	Septic:
Roofing:	Bathtubs:	Elect.	Sewer:
	Shrstall:		
Basement:		Air Cond.:	

FOR OFFICE USE ONLY

COMMENTS: _____ _____ _____ _____	ESTIMATED COST: _____ BUILDING FEE: _____ ZONING FEE: _____ CT EDUCATION FEE: _____ TOTAL FEE: _____
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**NO BUILDING OR STRUCTURE SHALL BE OCCUPIED OR USED UNTIL A CERTIFICATE OF
OCCUPANCY/COMPLIANCE HAS BEEN ISSUED PER IRC/IBC 2003 BUILDING CODE.**

BUILDING OFFICIAL APPROVAL: _____ **DATE:** _____

REGISTERED SANITARIAN APPROVAL: _____ **DATE:** _____

PLANNER/ZEO APPROVAL: _____ **DATE:** _____

FIRE MARSHAL APPROVAL: _____ **DATE:** _____